

# ∞ Credentials and Health Care Seminar ∞

## Rural Settings & General Practice Barrier to or Assurance of Patient Safety

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# Tasmanian Perspective

- State Committee
- Operational since 1998
- GPs supporting rural hospitals
- Component of clinical governance framework
- Declared quality assurance committee – Health Act 1997
- Development evolutionary

# Key Components

- Committee Terms of Reference/ Operational Guidelines
- Formal appointment of members
- Transparent processes, good record keeping
- Paid members sitting and preparation time
- Time period for privileges
- Processes for interim privileges
- Who/how decisions disseminated
- Chair/Exec Officer familiar with legal framework

## Time period for privileges

- FRACGP/FACRRM – 5 years
- OTD – 1 year
- OTD on 5 year program – 2 years
- GP 65+ - 3 years
- Locums with FRACGP/FACRRM – 2 years
- GP Training Program
- Procedural GPs – JCC Requirements

# Issues that require (d) discussion

- Criteria for renewal of privileges
- Criteria for procedural GPs
- Standards for OTDs
- Assessment of locums
- Emergency Experience
- Competing pressures – Recruitment/quality
- Ageing practitioners
- Why/when refer clinical incident findings to committee

# Clinical Incident Review

- Presentation of findings
- Committee determines if scope of practice review required
- Establish terms of reference & sub committee
- Communicate with affected practitioner(s)
- Hear findings – consider course of action
- Balance procedural fairness, natural justice with qualified privilege

# Clinical Incident Review

- Provide practitioner with findings, course of action and opportunity to respond
- Determine action, communicate decision
- Review decision
- Appeals committee
- Throughout process obtain legal advice

# Outcomes

- Accepted as normal business
- Commitment of committee members
- Objective advice
- Focus on quality and safety
- Doctors engaged in organisational activities
- Useful sounding board